

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
Civil DIVISION

Civil
Johnnie M. Holley Name)

Prison Id. No. 135561)

_____) Name)

Prison Id. No. _____)

Plaintiff(s))

v.)

CCA Metro Davidson County Name)

_____) Name)

Defendant(s))

(List the names of all the plaintiffs
filing this lawsuit. Do not use "et
al." Attach additional sheets if
necessary.)

Civil Action No. _____
(To be assigned by the Clerk's
office. Do not write in this space.)

Jury Trial ☐ Yes ☒ No

(List the names of all defendants
against whom you are filing this
lawsuit. Do not use "et al." Attach
additional sheets if necessary.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
FILED PURSUANT TO 42 U.S.C. § 1983

I. PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)

A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuits in the United States District Court for the Middle District of Tennessee, or in any other federal or state court?

☐ Yes ☒ No

B. If you checked the box marked "Yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs _____

Defendants _____

N/A

2. In what court did you file the previous lawsuit? N/A
(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)
3. What was the case number of the previous lawsuit? N/A
4. What was the Judge's name to whom the case was assigned? N/A
5. When did you file the previous lawsuit? N/A (Provide the year, if you do not know the exact date.)
6. What was the result of the previous lawsuit? For example, was the case dismissed, appealed, or still pending? N/A
7. When was the previous lawsuit decided by the court? N/A (Provide the year, if you do not know the exact date.)
8. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit.
- ☐ Yes ☐ No

(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)

II. THE PLAINTIFF'S CURRENT PLACE OF CONFINEMENT (The following information must be provided by each plaintiff.)

- A. What is the name and address of the prison or jail in which you are currently incarcerated? CCA/Metro-Davidson County Detention Facility 5115 Harding Pl. Nashville, TN 37211
- B. Are the facts of your lawsuit related to your present confinement?
- ☒ Yes ☐ No
- C. If you checked the box marked "No" in question II.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain.
- N/A
- D. Do the facts of your lawsuit relate to your confinement in a Tennessee State Prison?
- ☒ Yes ☐ No

If you checked the box marked "No," proceed to question II.H.

E. If you checked the box marked "Yes" in question II.D above, have you presented these facts to the prison authorities through the state grievance procedure?

☒ Yes ☐ No

F. If you checked the box marked "Yes" in question II.E above:

1. What steps did you take? Informal Resolution
Unit Manager, Counselor, Grievance

2. What was the response of prison authorities? No help, the run
around

G. If you checked the box marked "No" in question II.E above, explain why not. _____
N/A

H. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)?

☒ Yes ☐ No

I. If you checked the box marked "Yes" in question II.H above, have you presented these facts to the authorities who operate the detention facility?

☒ Yes ☐ No

J. If you checked the box marked "Yes" in question II.I above:

1. What steps did you take? Informal Resolution
Unit Manager, Counselor, Grievance

2. What was the response of the authorities who run the detention facility? _____
No help, the run around for days

L. If you checked the box marked "No" in question II.I above, explain why not. _____
N/A

Attach copies of all grievance related materials including, at a minimum, a copy of the grievance you filed on each issue raised in this complaint, the prison's or jail's response to that grievance, and the result of any appeal you took from an initial denial of your grievance.

III. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: Johnnie Holley

Prison Id. No. of the first plaintiff: 135561

Address of the first plaintiff: CCA 5115 Harding Pl.
Nashville, TN. 37211

(Include the name of the institution and mailing address, including zip code.
If you change your address you must notify the Court immediately.)

2. Name of second the plaintiff: N/A

Prison Id. No. of the second plaintiff: N/A

Address of the second plaintiff: N/A

(Include the name of the institution and mailing address, including zip code.
If you change your address you must notify the Court immediately.)

If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: CCA

Place of employment of the first defendant: 5115 Harding Pl.
Nashville, TN. 37211

The first defendant's address: 5115 Harding Pl.
Nashville, TN 37211

Named in official capacity? ☒ Yes ☐ No

Named in individual capacity" ☒ Yes ☐ No

2. Name of the second defendant: N/A

Place of employment of the second defendant: N/A

The second defendant's address: N/A

Named in official capacity? ☐ Yes ☒ No

Named in individual capacity" ☐ Yes ☒ No

If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, their place of employment, their address, and the capacity in which you are suing them. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide their proper name, place of employment, and address, the Clerk will be unable to serve them should process issue.

IV. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 1/2 in. x 11 in. paper. Write on one side only, and leave a 1 in. margin on all four sides.

I've been locked up since Sept. 23, 2011 and I am indigent and I been filing indigent every time I'm suppose to. I came here from CDC on the 17th of May 2012 and I been filing indigent got, see here you file on a weekly basic and you get two envelopes up until the main indigent with the Soap, tooth paste, etc, etc they didn't give me the main indigent. I don't have anything to take care of my personal hygiene, the one bar of soap they gave me over a month ago been gone and every time I bring my problem to the facility authorities there nothing they can do. I can't keep myself clean and I have come down with a real nasty fungus rash on my left foot with pus coming out of it, when they moved me from CDC I was a few days from my monthly indigent, I haven't had a main indigent since April 24 and there's nothing I can do about it but file informal resolution and keep filing them. The system they have when it comes to indigent is badly flawed, all I can do is what I am suppose to do and that is fill out a indigent form and put it in the commissary box and hope and pray that it make it thru, because they deal with so many that they make a lot of mistakes

V. RELIEF REQUESTED: Specify what relief you are requesting against each defendant.

- A. A better system
- B. _____
- C. _____
- D. _____
- E. _____

F. I request a jury trial. ☒ Yes ☒ No

VI. CERTIFICATION

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: Johnnie M. Hall Date: 8-6-2012

Prison Id. No. 135561

Address: CCA-Metro-Davidson County Detention Facility
5115 Harding Pl. Nashville, TN 37211
(Include the city, state and zip code.)

Signature: _____ Date: _____

Prison Id. No. _____

Address: _____

(Include the city, state and zip code.)

ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT, and provide the information listed above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN FORMA PAUPERIS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT, THE REQUIRED FILING FEE, OR APPLICATION TO PROCEED IN FORMA PAUPERIS, TOGETHER. Complaints received without the required filing fee or application to proceed *in forma pauperis* will be returned. Filing fees, or applications to proceed *in forma pauperis*, received without a complaint will be returned.

To be completed by inmate/resident

Date: 7/17/12Name (Print): Holley
Last NameJohnnie
First NameM
Middle InitialNumber: 135561 HOUSING ASSIGNMENT: CCA - J Unit 07

Description of issue, problem, and solution you suggest:

I've been at CCA since May the 17th and by me moving from CAC I missed my indigent for that month and I was at the end of my indigent supplies and they told me I would have to wait a month and I brought this to CCA attention and they gave me one bar of soap and that was it and I been ran out of that. I've been filing indigent since I been here and the week I suppose to get the big one indigent they don't give it to me and I file every week but there setup has alot of flaws and all we can do is do what we are suppose to do. I've been writing Informals but I haven't gotten a reply and this is my third one. Attach additional pages, if necessary, on this matter.

FOR STAFF USE ONLY

Date received from inmate/resident: 7-17-12Name of staff member completing informal resolution process: Wm BermudezDate response due to inmate/resident: 7-27-12Date and time initial meeting held with the inmate/resident: 7/20/12 @ 1317

Additional information received from initial meeting:

Names of staff members involved with the inmate/resident's issue:

Distribution:
Original: Facility
Copy: Inmate/Resident

03/07

Dates and times of contact with staff members concerning the inmate/resident's issue:

5-7/15

Additional information received from meetings with staff members:

1. The first part of the document is a letter from the President of the United States to the Secretary of the Navy, dated 1890. The letter is signed by William McKinley and is addressed to John D. Long. The letter discusses the appointment of a new Secretary of the Navy and the importance of the position.

STAFF RESPONSE

Case manager William have issued indigent to you. You have to be physically in the building for more than (30 days) to get indigent from commissary.

Tentative completion date if remedy suggested:


7/20/22

I got here 5/17

Completion of Informal Resolution Process

By signing below, the inmate/resident verifies agreement with the remedy suggested above. If the inmate/resident is not satisfied with the remedy suggested above, the inmate/resident is not required to sign below and may choose to file a formal grievance with the Facility Grievance Officer. In either case, the inmate/resident will receive a copy of this form on the day the final resolution process is completed.

Inmate Signature:

Signature: 

Date:

7120112

Designated Staff Signature:

Date:

7/20/11

***Witness Signature:**

Date:

***In the event the inmate/resident refuses to sign this form, a witness signature must be obtained to verify that the inmate/resident was offered the opportunity for informal resolution.**

Informal Resolution Outcome:

☐ **RESOLVED**

UNRESOLVED

Distribution:

Original: Facility

Copy: Inmate/Resident

INFORMAL RESOLUTION

REC'D JUL 09 2012

To be completed by inmate/resident

Date: 7/6/12

Name (Print):

Last Name

First Name

Middle Initial

Number: 135561 HOUSING ASSIGNMENT: CCA-J-unit 02

Description of issue, problem, and solution you suggest:

I've been locked up since Sept. 23 2011 and I've been filing indigent. I come here from CDC the 17th of May 2012 and I been filing indigent and the week of Soap, toothpaste, razor, etc etc they didn't give me nothing and I don't have anything to take care of my body all I can do is file this informal resolution and keep filing them that's all I can do until someone help me. when I ask the Counselor all I get is the run around.

Attach additional pages, if necessary.

FOR STAFF USE ONLY

Date received from inmate/resident: 7-9-12

Name of staff member completing informal resolution process: V.M. Bermudez

Date response due to inmate/resident: 7-19-12

Date and time initial meeting held with the inmate/resident: 7.16.12

Additional information received from initial meeting:

Names of staff members involved with the inmate/resident's issue:

Distribution:

Original: Facility

Copy: Inmate/Resident

03/07

Dates and times of contact with staff members concerning the inmate/resident's issue:

Additional information received from meetings with staff members:

STAFF RESPONSE

I will contact Shaw Vending concerning this matter.

Tentative completion date if remedy suggested: 7.16.12**Completion of Informal Resolution Process**

By signing below, the inmate/resident verifies agreement with the remedy suggested above. If the inmate/resident is not satisfied with the remedy suggested above, the inmate/resident is not required to sign below and may choose to file a formal grievance with the Facility Grievance Officer. In either case, the inmate/resident will receive a copy of this form on the day the final resolution process is completed.

Inmate Signature: [Signature]Date: 7/16/12Designated Staff Signature: [Signature]Date: 7.16.12

*Witness Signature: _____

Date: _____

*In the event the inmate/resident refuses to sign this form, a witness signature must be obtained to verify that the inmate/resident was offered the opportunity for informal resolution.

Informal Resolution Outcome: ☐ RESOLVED ☒ UNRESOLVED

Distribution:

Original: Facility

Copy: Inmate/Resident

INFORMAL RESOLUTION

RECEIVED JUL 06 2012

Please Give Copy to Resident

To be completed by inmate/resident

Date: 7/5/12

Name (Print): Johnnie
Last Name

Holley
First Name

M
Middle Initial

Number: 135561 HOUSING ASSIGNMENT: J-unit 02

Description of issue, problem, and solution you suggest:

I'm indigent and I file for indigent every week and I'd filed and this week they didn't get me and they said they can't help me, I don't have nothing soap, toothpaste, deodorant shampoo nothing and I don't what I suppose. There system is messed up because if they use are my place your place for it's on you. I don't know what to do it's wrong the way the system is set up.

Attach additional pages, if necessary.

FOR STAFF USE ONLY

Date received from inmate/resident: 7-12-12

Name of staff member completing informal resolution process: Shawherding

Date response due to inmate/resident: 7-16-12

Date and time initial meeting held with the inmate/resident: _____

Additional information received from initial meeting:

Names of staff members involved with the inmate/resident's issue:

Distribution:
Original: Facility
Copy: Inmate/Resident

J1
002

03/07

Dates and times of contact with staff members concerning the inmate/resident's issue:

[illegible]

Additional information received from meetings with staff members:

[illegible]

STAFF RESPONSE

Mr. Holley ~~was~~ was not on our indigent list on the week in question (7/3/2012). We cannot provide indigents to inmates ~~in~~ who are not eligible ~~and~~ the ~~on~~ week of delivery. We apologize for any inconvenience. Thank you.

Spoke w/ in mate
refused to sign

Tentative completion date if remedy suggested: 7/18/12

inmate needs
remedy suggested
requested above, the

Completion of Informal Resolution Process

By signing below, the inmate/resident verifies agreement with the remedy suggested above. If the inmate/resident is not satisfied with the remedy suggested above, the inmate/resident is not required to sign below and may choose to file a formal grievance with the Facility Grievance Officer. In either case, the inmate/resident will receive a copy of this form on the day the final resolution process is completed.

Inmate Signature: Inmate refused to sign Date: _____

Designated Staff Signature: _____ Date: _____

*Witness Signature: _____ Date: 7/18/12

***In the event the inmate/resident refuses to sign this form, a witness signature must be obtained to verify that the inmate/resident was offered the opportunity for informal resolution.**

Informal Resolution Outcome: ☐ RESOLVED ☒ UNRESOLVED

Distribution:

Original: Facility

Copy: Inmate/Resident

INMATE/RESIDENT GRIEVANCE

FULL NAME:	Johnnie Holley		
NUMBER:	135561	HOUSING ASSIGNMENT:	CCA-J-unit 02

INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? ☒ YES ☐ NO

GRIEVANCE CATEGORY (CIRCLE ONE):

1. Facility Staff	8. Dental Services	15. Housing
2. Access to Legal Materials	9. Mental Health Services	16. Laundry
3. Denied Access to Informal Resolution/Grievance Process	10. Trust Account	17. Recreation
4. Reprisal for Using Informal Resolution/Grievance Process	11. Commissary	18. Visitation
5. Safety/Security	12. Food Service	19. Programs-education, work, religious, etc.
6. Sanitation	13. Mail	20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights)
7. Medical Services	14. Intake	21. Other

STATE GRIEVANCE: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary).

I've been locked up since Sept. 23, 2011 and I've been filing indigent every time I suppose to. I came here from CDC the 17th of May 2012 and I been filing indigent and the last two before the main indigent I got, and that was two envelopes each of those weeks but the main indigent with the Soap, toothpaste etc, etc, they didn't give me and I don't have anything to take care of myself, the one bar they gave me over a month ago been gone and ever since I bring my problem to tell me there is nothing they can do and right now I can't keep myself clean and I have come down with a nasty fungus rash on my left foot with pus coming out of it. When they moved me from CDC I was a few days from getting my monthly indigent, I haven't had a main indigent since April 29 and there's nothing I can do about it but file informal resolutions and keep filing them. The system they have when it comes to indigent is flawed all I can do is what I'm suppose to do and that's fill out my indigent paper and put it in the commissary box and hope and pray that it go thru because they deal with so many that they makes mistakes.

Requested Action: (Attach additional pages if necessary)

The system they have when it comes to indigent is flawed and it seems they don't care if you get it or not and they know who's indigent, all they have to do is look on the computer but it's just that they don't care one way or the other. Personal hygiene is subject to institutional requirements, personal hygiene items suppose to be available and issued at regular intervals to indigent inmates and that's in the inmate handbook but that's a lie and I'm proof of that and this isn't the first time this has happen to me but it's the longest I have went without being clean and I got a fungus rash from it.

Inmate/Resident's Signature:

Johnnie M. Holley

Date Submitted:

7/20/12

RESPONDING STAFF MEMBER'S REPORT: (Attach additional pages if necessary. All pages must include the grievance number.)

RESPONDING STAFF MEMBER'S DECISION: (Attach additional pages if necessary. All pages must include the grievance number.)

Inmate do not want to hear anything
 the Unit Manager have to said. He
 stated the he is going thru the motion
 to go so he can file a lawsuit.
 Inmate have been given soap on 2 occasion
 by Unit Manager

Responding Staff Member's Printed Name: _____

Title: _____

Responding Staff Member's Signature: _____

Date: _____

Inmate/Resident's Signature (upon receipt): _____

Date: _____

INMATE/RESIDENT APPEAL (Attach additional pages if necessary. All pages must include the grievance number.)

WARDEN/ADMINISTRATOR'S DECISION: (Attach additional pages if necessary. All pages must include the grievance number.)

Warden/Administrator's Signature: _____

Date: _____

Inmate/Resident's Signature (upon receipt): _____

Date: _____

Sick Call Request (Co-Pay)

Rec'D
7

Part A: (To be completed by patient inmate/resident)

Date: _____ Work Assignment: None
 Work Hours: None Housing Assignment: J-unit 02
 Reason for requesting Health Services Appointment (BE SPECIFIC): I have a fungal rash on my left foot
 How long have you had this problem? For a while
 Inmate (Print Name): Johnnie Holler Inmate Number: 135561
 Inmate/Resident Signature: Johnnie Holler Date of Birth: 12-23-60

Part B: (Medical Staff Only)

Services and Meds Provided: _____

Health Services Signature: _____

Date: 7/18/12

Charge Receipt

Part C: (To be completed by patient inmate/resident)

Inmate Name (Print): Johnnie Holler
 Inmate Number: 135561 Date: 7/18/12
 Work Assignment: None
 Work Hours: None Housing Assignment: J-unit 02
 I understand that I will be charged for each chargeable medical/psychiatric/dental service I receive and for each chargeable medication ordered. I also understand that if the Facility determines I am indigent or funds are unavailable at the time of service, a hold will be placed on my trust fund account and I will be charged when funds become available.
 This request authorizes disbursement from my trust fund account.
 Inmate/Resident Signature: Johnnie Holler Date: 7/18/12

Part D: (To be completed by Medical Staff)

Charges:

_____ The inmate/resident received chargeable medical services @ \$ 3.00 \$ _____
 _____ The inmate/resident received chargeable psychiatric services @ \$ _____ \$ _____
 _____ The inmate/resident received chargeable dental services @ \$ _____ \$ _____
 _____ The inmate/resident received _____ medications @ \$ _____ each \$ _____
 Health Services Initials: J (TAT)

White: Medical Records

Yellow: Parts C & D - Business Office

Pink: Inmate/Resident

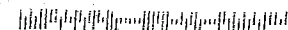


5115 Harding Place
Nashville, TN 37211



United States District Court
- Middle District of TN

801 Broadway
Nashville, TN 37203



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Tuliet